

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:49

**DOCUMENT # P40883 (1)**

1. Corporation Name

**PAN AMERICAN DEVELOPMENT FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1889 F ST., NW  
SUITE 850  
WASHINGTON DC 20006  
US

1889 F ST., NW  
STE. 850  
WASHINGTON DC 20006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/12/1992** 3a. Date of Last Report **09/13/1994**

4. FEI Number **52-6054268** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

25 Country

29 Zip Country

30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, STACY**  
110 SHEPARD TRAIL  
LONGWOOD FL 32750

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**  
NAME **SOARES, JOAO CLEMENTE B**  
STREET ADDRESS **17TH & CONSTITUTION AVE.**  
CITY-STATE-ZIP **WASHINGTON D.C.**

1.1 TITLE  Change  Addition **CD**  
1.2 NAME **Gaviria Trujillo, Cesar**  
1.3 STREET ADDRESS **17th & Constitution Ave., Washington, DC**  
1.4 CITY-STATE-ZIP

TITLE **PD**  
NAME **KRLOFF, GEORGE**  
STREET ADDRESS **601 13TH ST., NW STE. 310**  
CITY-STATE-ZIP **WASHINGTON D.C. 20005**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE **VD**  
NAME **KIMBERLY, WILLIAM E.**  
STREET ADDRESS **1250 24TH ST., NW, SUITE 7**  
CITY-STATE-ZIP **WASHINGTON D.C.**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE **SD**  
NAME **WINSOR, CURTIN, JR.**  
STREET ADDRESS **317 KIRBY RD**  
CITY-STATE-ZIP **MCLEAN VA 22101**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE **TD**  
NAME **RIOS, DR. JORGE**  
STREET ADDRESS **2150 PENNSYLVANIA AVE.**  
CITY-STATE-ZIP **WASHINGTON D.C.**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE **D**  
NAME **REITZ, PETER**  
STREET ADDRESS **1889 F ST. NW**  
CITY-STATE-ZIP **WASHINGTON D.C.**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

**Peter Reitz, Executive Director 202-458-3969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/18/95**

Signature File #